

# **EXHIBIT 1**

## **LEGEND FOR ANNOTATED NOTICE FORMS**

For the Court's ease of reference, AstraZeneca Pharmaceuticals LP submits annotated forms of notice to highlight remaining areas of difference between Plaintiffs and Defendants and the alternative language suggestions of the parties.

For clarity, Plaintiffs' proposed language appears in black font, while Defendants' alternative proposals appear in red font.

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**If You Are a Medicare Part B Beneficiary and Made a Co-Payment (Or Are Obligated to Make a Co-Payment) Through Medicare Part B For Any of the Drugs Listed Below, or Are the Heir to Someone Fitting this Description**

**A Class Action Lawsuit May Affect Your Rights.**

**Defendants Propose the inclusion of the following sub-heading in lieu of Plaintiffs' proposed sub-heading:**

**CLASS ACTION LAWSUITS MAY AFFECT YOUR RIGHTS**

There is a class action lawsuit pending in the U.S. District Court for the District of Massachusetts. The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS.

The lawsuit claims that certain drug companies intentionally reported false and inflated average wholesale prices ("AWP") for certain types of outpatient drugs. The reported AWPs are used to set prescription drug prices that are paid by Medicare and consumers making Medicare Part B co-payments. The lawsuit asks the Court to award money damages to people who made Medicare Part B co-payments for the drugs. Defendants deny that they are responsible for any of the claims in the lawsuit. A series of trials will determine the claims in this lawsuit. The first trial will begin September 25, 2006.

**What Drugs are Covered by the Litigation?**

Certain dosages of the following Covered Drugs made by the Defendants AstraZeneca, Bristol-Myers Squibb Group and Johnson & Johnson Group are covered: **Blenoxane, Cytoxan, Etopophos, Paraplatin, Procrit, Remicade, Rubex, Taxol, VePesid and Zoladex**. These are referred to in this notice as the "Covered Drugs." For a complete list of the dosages by drug visit the Web site or call or write as indicated below for a detailed Notice.

**[Defendants object because Plaintiffs' language (1) does not inform class members that they can opt out of a class with respect to one Defendant and not with respect to another and (2) does not include Generic names. ]**

**ACCORDINGLY, DEFENDANTS PROPOSE:**

There are several different classes against the Defendant drug companies and you may be a member of one or more classes. The Defendant drug companies and the drugs involved in each class are as follows:

Defendant Classes	Subject Drug(s)
AstraZeneca Class	Zoladex (Goserelin Acetate)

Bristol-Myers Squibb Class	Blenoxane (Insert Generic) Cytoxan (Insert Generic) Etopophos (Insert Generic) Paraplatin (Insert Generic) Rubex (Insert Generic) Taxol (Insert Generic) VePesid (Insert Generic)
Johnson & Johnson Class	Remicade (Insert Generic) Procrit (Insert Generic)

**What do the Defendants say about the lawsuit?**

The Defendants say they didn't do anything wrong. Defendants deny that they are responsible for any of the claims made in the lawsuit and will vigorously defend against these claims. They also say that the lawsuits and any damages are prohibited under the law and that even if the alleged conduct is proven by Plaintiffs it does not violate the law.

**[Defendants object. Plaintiffs' version does not provide enough information about the Defendants' position to allow class members to make an informed decision about their rights.]**

**ACCORDINGLY, DEFENDANTS PROPOSE:**

The Defendants say they didn't do anything wrong. Defendants deny that they are responsible for any of the claims made in the lawsuit and will vigorously defend against these claims. The Defendants deny the factual allegations being made; contend that the lawsuits and damages are precluded under the law; contend that the alleged conduct, if proved, does not violate the 44 consumer protection laws, and that many class members will not be able to establish elements required by the consumer protection laws, or prove they paid a doctor for the subject drugs. [NOTE: BMS also objects to the failure of Plaintiffs' version to include the fact that BMS did not report AWPs]

**Am I Involved in the Litigation?**

You are a member of the class if you made a co-payment under Medicare Part B from January 1, 1991 to January 1, 2005 or have an obligation to make such a co-payment for a Covered Drug. You are not included in the Class if you were a resident of Alabama, Alaska, Georgia, Iowa, Kentucky, Louisiana, Mississippi, Montana or Virginia at the time you made the Medicare Part B co-payment. You are also excluded from this Class if you made flat co-payments (a co-payment that does not differ with the cost of the drug), or you were reimbursed for co-payments or have the right to be reimbursed.

**[Defendants object. Plaintiffs' version is incomplete because it does not provide enough information to enable individuals to determine whether they are class members. Plaintiffs version does not include heirs.]**

**ACCORDINGLY, DEFENDANTS PROPOSE:**

Who Is In One or More of the Classes?

1. You are in one or more of the classes (a) if you were a Medicare Part B beneficiary between 1991 and the beginning of 2005, (b) who received one or more of the subject drugs during that time period in a state other than one of the nine states listed immediately above, and (c) you paid your doctor for some portion of one or more of the drugs, but not if you paid a flat amount such as \$10 or \$20 per dose or were fully reimbursed by an insurer.
2. You are in one or more of the classes if you are the legal heir of, or the legal successor to, the rights of a Medicare Part B beneficiary who met all three criteria set forth in "1" immediately above but who is now deceased. You need to consult your own lawyer to determine if you are the legal successor to any such rights.
3. You are in one or more of the classes if (a) you were a Medicare Part B beneficiary between January 1, 1991 and the beginning of 2005, (b) who received one of the subject drugs during that time period in a state other than the nine states listed above, and (c) either you or your insurer were billed for the subject drug, but neither you nor your insurer paid and the time period for bringing a claim against you to enforce payment for the subject drug has not yet expired.

**IMPORTANT: THE COURT IS NOT SUGGESTING, REQUESTING, OR REQUIRING THAT MEDICARE PART B BENEFICIARIES WHO WERE NOT BILLED BY THEIR DOCTORS, OR WHO WERE BILLED BUT DID NOT PAY, FOR ONE OF THE SUBJECT DRUGS SHOULD PAY THEIR DOCTORS NOW OR THAT THEY ARE OBLIGATED TO DO SO UNDER THE MEDICARE STATUTE OR REGULATIONS.**

**What Are My Rights as a Member of the Class?**

- **If you wish to remain a member of the Class,** you don't need to do anything at this time. If you don't exclude yourself, as a member of the Class you'll be bound by whatever happens in the lawsuit, and you won't be able to sue the Defendants on your own about the claims in the lawsuit. Court-appointed Counsel will represent all members of the Class and will ask the Court to pay their fees and expenses out of any recovery they achieve for the Class. You may also hire your own attorney at your own cost.
- **If you do not wish to participate in the Class,** you must mail a personally signed, written request to be excluded to the address below. You may also request to be excluded from the lawsuit against one or more Defendants and remain in the litigation against the other Defendants. The request must be postmarked by **September 15, 2006**. If you exclude yourself from the Class, you can't participate in any recovery for the Class, if there is one, but you do keep the right to sue the Defendants on your own.

[Defendants object. Plaintiffs' version is incomplete because: (1) it does not provide an accurate description of the class member's obligations if Plaintiffs prevail at trial; (2) the failure to provide an opt out form will likely result in the receipt of numerous incomplete opt out letters. ]

**ACCORDINGLY, DEFENDANTS PROPOSE:**

Your Rights May Be Affected

If you are a member of one or more of the classes as described above, you have options.

1. If you do want to be a member of any of the classes, you need do nothing at this time. As a member of one or more of the classes, you will be bound by the results of a trial or trials. If the defendant wins at the trial with respect to its drug or drugs, you will lose. If the defendant loses at trial, you may be entitled to recover damages, provided you present the necessary evidence under the consumer protection laws of the applicable state as to payments you may have made for the drug or drugs.

2. If you want to be a member of one or more of the classes and be heard on matters, you can have your own attorney do so.

3. If you DO NOT want to be a member of one or more of the classes, you have the right to opt out of one or more of the classes. You can opt out by completing the form below and mailing it before \_\_\_\_\_, 2006. If you choose to opt out and not be member of one or more of the classes, you will not be bound by the result of the class trials as to each Defendant and will not have to provide evidence.

**For a Detailed Notice and Further Information on the Covered Drugs  
and AWP Litigation**

**Call toll-free: 1 XXX-XXX-XXXX or Visit: [www.AWPlitigation.net](http://www.AWPlitigation.net)  
Or Write: AWP Class Action Litigation, P.O. Box XXX, City, State 00000**

[Defendants object to the fact that Plaintiffs notice does not include clear opt out instructions.]

ACCORDINGLY, DEFENDANTS PROPOSE:

**OPT OUT FORM**

In re Pharmaceutical Industry Average Wholesale Price Litigation –  
v. AstraZeneca Pharmaceutical LP  
Docket No. 01-CV-12257-PBS.

Your Name:

Which of the Subject Drugs did you take?

Address:

If you did not take one of the Subject Drugs, are you the legal heir or successor of someone who did?

I would like to be excluded from the following Class(es):

**AstraZeneca Class**

Zoladex

**Bristol-Myers Squibb Class**

Blenoxane	<input type="checkbox"/>	Rubex	<input type="checkbox"/>
Cytoxan	<input type="checkbox"/>	Taxol	<input type="checkbox"/>
Etopophos	<input type="checkbox"/>	VePesid	<input type="checkbox"/>
Paraplatin	<input type="checkbox"/>		

**Johnson & Johnson Class**

Remicade   
Procrit

Signature

Date

**MAIL BY [INSERT DATE] to:**

AWP Litigation Administrator  
PO Box XXX  
City, State, Zip Code